

Docket No. 0575/55669-A-PCT-US/JPW/PJP/BJAIN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Cy A. Stein et al.
Serial No. : 09/753,169 Examiner: J. L. Epps-Ford
Filed : January 2, 2001 Group Art Unit: 1635
For : OLIGONUCLEOTIDE OF INHIBITORS bcl-xL

Mail Stop Amendment
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Date: October 18, 2005

Sir:

Transmitted herewith is an amendment to the above-identified application.

X Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has been previously established.

 A verified statement to establish small entity status under 37 C.F.R. §1.9 and §1.27 is enclosed.

X No additional fee is required.

The filing fee is calculated as follows:

	Number after Amend-ment	Highest Number Previously Paid For ¹	Number of Extra Claims Presented	RATE		FEE	
				Small Entity	Other Entity	Small Entity	Other Entity
Total Claims	3 -	* 20 =	*** 0 X	\$25	\$50	= 0	
Indepen- -dent Claims	2 -	** 3 =	*** 0 X	\$100	\$200	= 0	
Multiple Dependent Claim(s) Presented For First Time Yes <u> </u> No <u>X</u>				\$180	\$360	= 0	
				TOTAL ADDITIONAL FEE		\$ 0	

- ¹ The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims originally filed.
* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.
** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.
*** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0".

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Amendment Transmittal Letter
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The following are also enclosed:

☒ One additional copy of this Amendment Transmittal Letter

☒ Return Receipt Postcard

☐ An Information Disclosure Statement, including Form PTO-1449

(Copies of citations included: Yes ☐ No ☐
and a fee of \$ ☐ included)

☐ A Petition for an Extension of Time, including a fee of
\$ ☐ for a Petition for ☐ Month(s) Extension of Time

☐ Other (identify): ☐
☐
☐

THE TOTAL FEE DUE IS \$ 0.

☐ A check in the amount of \$ ☐ is enclosed.

☐ Please charge Deposit Account No. ☐ in the amount of
\$ ☐.

☒ The Commissioner is hereby authorized to charge any additional fees
required or credit any overpayment to Deposit Account No. 03-3125
as follows:


☒ Fees under 37 C.F.R. §1.16 for the presentation of extra claims
☐ Patent application processing fees under 37 C.F.R. §1.17

Respectfully submitted,



John P. White
Registration No. 28,678
Peter J. Phillips
Registration No. 29,691
Attorneys for Applicant(s)
Cooper & Dunham LLP (Customer #23432)
1185 Avenue of the Americas
New York, New York 10036
(212) 278-0400

I hereby certify that this
correspondence is being deposited
this date with the U.S. postal
Service with sufficient postage as
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addressed to: Mail Stop Amendment,
Commissioner for Patents, P.O. Box
1450, Alexandria, VA 22313-1450.

 10/18/05
Peter J. Phillips Date
Reg. No. 29,691